

1.) CORPORATION NAME:

Gilead Sciences, Inc.

DUE DATE: **5/27/2010**

SCC ID NO: **F1475781**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,800,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 LAKESIDE DR

CITY/ST/ZIP: FOSTER CITY, CA 94404-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN F MILLIGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94044-		
NAME:	JOHN C MARTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	ETIENNE F DAVIGNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SOCIETE GENERALE DE BELGIQUE		
CITY/ST/ZIP/CO:	RUE ROYALE 30 B-1000		
	, -,		
NAME:	BRETT PLETCHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	JOHN COGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		

NAME:	JAMES DENNY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	CARLA HILLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	JOHN MADIGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	PAUL BERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	NICHOLAS MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	GORDON MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	RICHARD WHITLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	GAYLE WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	KEVIN LOFTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		
NAME:	PER WOLD-OLSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	FOSTER CITY, CA 94404-		

NAME: GREGG ALTON		<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: SECRETARY			
ADDRESS: 333 LAKESIDE DRIVE			
CITY/ST/ZIP/CO: FOSTER CITY, CA 94404-			
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRETT PLETCHER	BRETT PLETCHER, ASST	8/26/2010	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			